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10/692,311		424	1618	066254-5003US01

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** CONTINUING DATA *****

This application is a CON of 09/058,715 04/10/1998 PAT 6,645,463
 which claims benefit of 60/043,305 04/11/1997

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 01/28/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Initials	MI	4	4

ADDRESS

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TITLE

Blood-pool carrier for lipophilic imaging agents

FILING FEE RECEIVED 2254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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